

ROBERT A. HAGLER, JUDGE
PROBATE COURT OF GREENE COUNTY, OHIO

In The Matter Of _____

Case No. _____

STATEMENT OF EXPERT EVALUATION

• Definition of Incompetent (O. R.C. 21 1 1.01 (D)): " Incompetent means any person who is so mentally impaired as a result of a physical or mental illness or disability, or retardation, or as a result of chronic substance abuse, that he is incapable of taking proper care of himself or his property or fails to provide for his family or other persons for whom he is charged by law to provide, or any person confined to a penal institution within this State.

• The Statement of Evaluation does not declare the ward competent or incompetent, but is evidenced to be considered by the Court.

• "The fee for completing this evaluation WILL NOT be paid by the Court. Each evaluator should secure payment from the Applicant/Guardian.

1. This Statement of Evaluation is for:

- A. Guardianship Application. (To be completed by a Licensed Physician or Psychologist, and attached to the Application as Exhibit C.)
- B. Guardian's Report. (Evaluation and Statement by a Licensed Physician, Psychologist, Social Worker, or Mental Retardation Team to be completed within three months of date of the report. O.R.C. 2111.49(A)(1)(i).)

2. Statement completed by:

Name _____

Address _____ Phone _____

Who is a-

- Licensed Physician
- Social Worker

- Licensed Psychologist
- Mental Retardation Team

3. Following is my diagnosis/assessment of the mental and physical capacity, and the functioning level of the patient/ward.

4. Is the patient/ward mentally impaired?

- Yes No

5. A. Is there observed or reported evidence of mental impairment?

Yes No Describe:

B. If reported, name source: _____

6. If the patient/ward is mentally impaired, what is the cause?

7. A. Is there observed or reported evidence of physical impairment?

Yes No Describe:

B. If reported, name source: _____

8. Can the patient / ward conduct business affairs without the aid of a guardian?

Yes No Describe:

9. Can the patient / ward properly care for himself without the aid of a guardian?

Yes No Describe:

10. (TO BE COMPLETED IF SUBMITTED WITH A GUARDIAN'S REPORT) In my opinion, the guardianship should be - Continued Terminated

11. (TO BE COMPLETED IF SUBMITTED WITH AN APPLICATION FOR GUARDIANSHIP) In my opinion, the application for guardianship: Should be granted Should not be granted

ADDITIONAL COMMENTS

I certify that I have evaluated _____ for the purpose of guardianship.

Date _____

Evaluator